<b>BUILDING PERMIT</b>	<b>APPLICATION</b>
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## TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

The undersigned hereby applies for a permit to completely perform work in accordance with the description, plans, specifications and/or professionally prepared design standards and such conditions as may be indicated on the permit. The permit must be filled out completely and often requires the previous approvals of other agencies which must be included with the application. All provisions of the Town of Fishkill, local law and all other appropriate rules and regulations shall apply. The permit does not constitute authority to perform work in violation of any federal, state or local laws.

-	s snan apply. The permit does not con	istitute authority to perform wor	k in violation of any federal,	state of local laws.
APPLICANT:ADDRESS:			PHONE:	
OWNER:			FIIONE	
			DUONE:	
BUILDER:			FIIONE	
ADDRESS:			DHONE:	
			PHONE	
BUILDING SITE LOCATION	ON:	(Road: Town, County, S	state or Private)	
TAX GRID NUMBER: #C	06		- [	
PROJECT: (Check all that apply.) [ ] Construction of New Buil [ ] Demolition [ ] Factory Manufactured Ho [ ] Conversion - Change in Identify and Ide	ome Use/Occupancy ing ure of Equipment and Systems	Deck/Porch	: size  d ed Storage Building (shed) ng Device (woodstove, pell	et stove, fireplace)
Size of Structure (dimension	s):		Square Footage:	
Height:			r of Dwelling Units:	
No. of Bedrooms:	No. of Bathrooms:	Fi	nished Basement?	
ZONING DISTRICT:		Fire District:		
<u>Proposed Setback Minimums</u> Distance of structure from	S: Front Line:	Rear Line:	Left Side:	Right Side:
Road Frontage (feet):				
<ul> <li>[ ] Planning Approval - Site</li> <li>[ ] Town Variance (attach Z</li> <li>[ ] State Variance (attach B</li> <li>[ ] Driveway Permit - Town,</li> <li>[ ] Water/Sewer District App</li> <li>[ ] Wetland</li> <li>[ ] Flood Plain</li> <li>[ ] Is any work bonded?</li> </ul>	BA resolution) pard of Review resolution) County, State DOT	[ ] Manufactured Ho [ ] Trusses: Stamp [ ] Energy Code Co [ ] Electrical Inspec [ ] Attached Plot Plot [ ] INSURANCE / V	tion Agency: Application	Filed
Zoning Dept. Use:		Bldg. Dept. Use:		
[ ] FEE: Deposit:		Balance:		Total:

The undersigned applicant is responsible to notify the Town and hereby consents by the execution of this application to all necessary inspections to be made by the Building and Zoning Department of the Town of Fishkill. It is the responsibility of the applicant and design professional to contact the Building Department and supervise, certify all work changed from the original plans to be appropriately recorded and approved. The Building Inspector shall be notified for purposes of inspection, at a minimum, (1) When footings are formed before pour (2) At completion of foundation (3) Framing & Rough Plumbing (4) After insulation (5) Final before occupancy. No further work is to be commenced before approval of each stage. It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator to enter premises for purposes of inspection any time prior to the issuance of the Certificate of Occupancy.

Signature (Owner, Builder, Agent)			 
BUILDING PERMIT APPLICATION INSTRUCTIONS	Application/Permit #	_	
TOWN OF FISHKILL COUNTY OF DUTCHESS NEW YORK			

- A. The application must be completely filled in by typewriter or ink and submitted to the Building Inspector.
- B. A separate plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of the layout of the property must be submitted or must be drawn on the location plan which is part of this application. At the discretion of the Building Inspector or Zoning Administrator a survey prepared by a licensed surveyor or engineer may be required to be submitted.
- C. The application must be accompanied by, at least, two complete sets of plans and specifications showing the proposed construction. Plans and specifications shall describe, in sufficient detail, the nature of the work to be performed including the materials and equipment to be used and details of structural, mechanical, electrical and plumbing installations. At the discretion of the Building Inspector, additional sets of plans and specifications may be required.
  - 1) Plans and specifications are required to be signed and sealed by a registered architect or professional engineer, except for:
    - a) Farm buildings and other buildings used solely and directly for agricultural purposes;
    - b) single family residential buildings 1500 square feet or less, not including garages, carports, porches, cellars, or uninhabitable basements or attics;
    - c) alterations, costing \$20,000 or less, if these alterations do not involve changes affecting the structural safety or public safety of the building or structure.

[New York State Education Law, Section 7307]

- 2) Note: For common residential projects (fin. basements, decks, sheds, pools, woodstoves, etc.) refer to the sheet entitled "REQUIRED INFORMATION FOR COMMON PROJECTS."
- D. Satisfactory proof consisting of a certificate of insurance, indicating that worker's compensation has been secured for all employees. Homeowners and self-employed contractors may submit an appropriate affidavit in lieu thereof. (New York State Worker's Compensation Law, Section 56.)
- E. When applicable other approvals must be submitted, such as but not limited to; Dept. of Health; Planning (site plan, special use, subdivision, etc.); ZBA Variances; County or State Work Permit; Water/Sewer District; Wetlands; Flood Plain; E-911 Addressing Confirmation.
- F. The work covered by the application may not be commenced before issuance of a Building Permit.
- G. Upon approval of the application, the Building Department will issue a Building Permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.
- H. All electrical work shall be inspected by an independent electrical inspection agency approved in accordance with the Code of the Town of Fishkill.
- All work shall be done in accordance with the plans and specifications and no person shall make any change in said plans and specifications without the written consent of the Building Department.
- J. No building or structure for which a permit has been issued shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy or a Certificate of Compliance has been granted by the Building Department.
- K. At the Building Inspector's discretion, a certified "as built" plot plan or survey and/or building plans may be required before a Certificate of Occupancy is issued.

## REQUIRED INFORMATION FOR COMMON PROJECTS TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

Use the following as a checklist of information required for common residential projects.

### FINISHED BASEMENTS AND INTERIOR ALTERATIONS:

- A. Plans clearly identifying: 1) Room names; 2) Room dimensions; 3) Ceiling heights including beams or ductwork projecting below ceiling; 4) Partitions/walls; 5) Doors including sizes and types; 6) Windows including sizes and types; 7) Stairs; 8) Height of adjoining exterior grade; 9) Insulation; and, 10) any other information relating to the project. Submit, at least, 2 copies signed and dated by the person responsible for the design.
- B. Adequate proof of worker's compensation coverage, liability insurance or affidavit in lieu thereof.

### **DECKS/PORCHES:**

- A. Plans clearly identifying ALL structural elements, such as: 1) Footings/piers; 2) Posts; 3) Built-up girders/beams; 4) Joists/rafters; 5) Decking/roofing; 6) Stairs; 7) Nailing/fastening/anchoring; and, 8) any other information relating to the project. Show ALL dimensions, spans, spacing's, bracing, species and grade of wood, etc. Submit, at least, 2 copies signed and dated by the person responsible for the design.
- B. Plot plan, survey or location plan showing all required setbacks from property lines, other structures, special geographic features, etc.
- C. Adequate proof of worker's compensation coverage, liability insurance or affidavit in lieu thereof.

### STORAGE BUILDINGS - SHEDS/GARAGES:

- A. Provide copy of manufacturer's literature for pre-built structures.
- B. If constructed on site provide plans clearly identifying ALL structural elements, such as: 1) Footings/piers; 2) Posts; 3) Built-up girders/beams; 4) Joists/rafters; 5) Decking/roofing; 6) Studs/sheathing; 7) Nailing/fastening/anchoring; and, 8) any other information relating to the project. Show ALL dimensions, spans, spacing's, bracing, species and grade of wood, etc. Submit, at least, 2 copies signed and dated by the person responsible for the design.
- C. Plot plan, survey or location plan showing all required setbacks from property lines, other structures, special geographic features, etc.
- D. Adequate proof of worker's compensation coverage, liability insurance or affidavit in lieu thereof.

### **SWIMMING POOLS (including Hot Tubs and Spas):**

- A. Provide copy of pool manufacturer's literature.
- B. Plans clearly identifying location and specifications of pool enclosure (fence and gates). For above ground pools clearly identify height of pool wall above adjoining grade. Submit, at least, 2 copies signed and dated by the person responsible for the design.
- C. Plot plan, survey or location plan showing all required setbacks from property lines, other structures, special geographic features, etc.
- D. Adequate proof of worker's compensation coverage, liability insurance or affidavit in lieu thereof.

### WOODSTOVES, PELLET STOVES, FIREPLACES, Etc.:

- A. Provide copy of manufacturer's literature for listed units.
- B. Plans clearly identifying location, clearances and specifications of unit. Submit, at least, 2 copies signed and dated by the person responsible for the design.
- C. Adequate proof of worker's compensation coverage, liability insurance or affidavit in lieu thereof.

### **EQUIPMENT – HEATING UNITS/CENTRAL AC, Etc.:**

- A. Provide copy of manufacturer's literature for listed units.
- B. Plans clearly identifying location, clearances and specifications of unit. Submit, at least, 2 copies signed and dated by the person responsible for the design.
- C. Adequate proof of worker's compensation coverage, liability insurance or affidavit in lieu thereof.

### **Special Note:**

This checklist is designed to be used for basic code compliance. Additional information may be necessary depending on the complexity of the project or for compliance with other code sections, departments or agencies.

L <mark>OCATION PLAN</mark> TOWN OF FISHKILL, COUNTY OF D YORK	UTCHESS, NEW	Applicati	ion/Permit#		_
APPLICANT (owner of premises):  LOCATION OF PROPOSED  WORK:					
TAX GRID NUMBER: #06		_			
NTERIOR LOT: COR	NER LOT:	ZONING	DISTRICT:	l e	
Side Yard	ft.	Rear Yard ft.	de Yard	ft.	MARK NORTH POINT
Nearest Street		Front Yard ft.			Nearest Street
ft		↓ Fro	ontage	ft.	ft

Street Name:

### **IMPORTANT NOTE:**

The applicant is responsible for accuracy in dimensions shown above.
INDICATE LOCATION OF WELL AND SEWAGE SYSTEM
AND THE DISTANCE OF EACH FROM HOUSE

Signature	(Owner	Builder	Agent)

Date

### WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

New York State law requires an applicant for a Building Permit to submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

For Workers Compensation

C-105.2 U-26.3 SI-12 GSI-105.2

For Disability
DB-120.1
DB-155

ONLY THE ABOVE FORMS ARE ACCEPTABLE. BE ADVISED THAT "ACORD" FORMS ARE NOT ACCEPTABLE AS PROOF OF WORKERS COMPENSATION OR DISABILITY COVERAGE.

You can get the proper forms from your insurance company.

If you are a homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form.

If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form #C-105.21 from your local office of the Workers Compensation Board.

## Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

(includin	g condominiums) listed on the building perr proof of workers' compensation insurance	wner of the 1, 2, 3 or 4 family, owner-occupied residence nit that I am applying for, and I am not required to show coverage for such residence because (please check the			
	I am performing all the work for which the	building permit was issued.			
	I am not hiring, paying or compensating in ar for which the building permit was issued or	ny way, the individual(s) that is(are) performing all the work helping me perform such work.			
0	I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.				
+ a for the form of the form o	orms approved by the Chair of the NYS Work the building permit if I need to hire or pay individuals on the jobsite) for work ave the general contractor, performing the wincluding condominiums) listed on the building f workers' compensation coverage or proof chair of the NYS Workers' Compensation Board	overage and provide appropriate proof of that coverage on ters' Compensation Board to the government entity issuing iduals a total of 40 hours or more per week (aggregate hours a indicated on the building permit; OR ork on the 1, 2, 3 or 4 family, owner-occupied residence and permit that I am applying for, provide appropriate proof of exemption from that coverage on forms approved by the red to the government entity issuing the building permit if the eek (aggregate hours for all paid individuals on the jobsite)			
	(Signature of Homeowner)	(Date Signed)			
	Homeowner's Name Printed )	Home Telephone Number			
Property	Address that requires the building permit:	Sworn to before me this day of  (County Clerk or Notary Public)			
BP-1 (3/	799)	-3- ****			

Dutchess County Health Department 387 Main Mall Poughkeepsie, NY 12601



# Application for Approval of a Residential Sewage Disposal System

Tel. # 914-486-3404

Date of	<u>1</u> ApplicationTown/Village:	
	Applicant:	
Applica	t Address:	
тррпои	te i i i i i i i i i i i i i i i i i i i	
Applica	t Telephone #:	
	ion or Plan Name:	
Lot Nur	ber: Section No.#: Number of Bedrooms:	
	(Town) (Section) (Map) (Parcel / Grid)	
Гах Ма	Number:	
Location	and description of property:	
Other ne	me by which property is known:	
	me of which property is known.	
Submitt	d by: Bldg. Permit Applic. No.	
Submitt	d by:Bldg. Permit Applic. No	
Submitt	d by:Bldg. Permit Applic. No	
Submitt  SECTIO		
<u>SECTIO</u>		
<u>SECTIO</u>	2 For Health Dept. Use ONLY on. Health File # or Map Code #: Individual Lot:  Map Expiration Date: Subdivision < 5 Lots:	
SECTIO:	For Health Dept. Use ONLY  on. Health File # or Map Code #: Individual Lot: Subdivision < 5 Lots: County Clerk Filed Map #:	
SECTIO:	2 For Health Dept. Use ONLY on. Health File # or Map Code #: Individual Lot:  Map Expiration Date: Subdivision < 5 Lots:	
SECTIO:	Subdivision   Parcel Extension Date:	ΓIALS
SECTIO:	2 For Health Dept. Use ONLY  on. Health File # or Map Code #: Individual Lot: Subdivision < 5 Lots: County Clerk Filed Map #: Parcel Extension Date:  ACTION DATE INIT Contacts Applicant re: Engineering Requirements	
SECTIO:	Ton. Health File # or Map Code #: Individual Lot: Illegal Subdivision: Illegal Subdivision:  ACTION  ACTION  Contacts Applicant re: Engineering Requirements  Contacts Applicant re: Soil Tests  For Health Dept. Use ONLY  Map Expiration Date: Subdivision > 5 Lots: County Clerk Filed Map #: Parcel Extension Date:  INIT	
Env Ho	Ton. Health File # or Map Code #:  Individual Lot:  Illegal Subdivision:  ACTION  Contacts Applicant re: Engineering Requirements  Contacts Applicant re: Soil Tests  Transmits Application to District Office	
SECTIO:	Ton. Health File # or Map Code #:  Individual Lot:  Illegal Subdivision:  ACTION  ACTION  Contacts Applicant re: Engineering Requirements  Contacts Applicant re: Soil Tests  Transmits Application to District Office  Observes soil tests	
Env Ho	2 For Health Dept. Use ONLY  on. Health File # or Map Code #: Individual Lot: Illegal Subdivision: Illegal Subdivision: Other Approved Subdivision:  ACTION ACTION DATE INIT Contacts Applicant re: Engineering Requirements Contacts Applicant re: Soil Tests Transmits Application to District Office Observes soil tests Makes Pre-Construction Site Visit	
Env Ho	2 For Health Dept. Use ONLY  on. Health File # or Map Code #:	
Env Ho	2 For Health Dept. Use ONLY  on. Health File # or Map Code #: Individual Lot: Subdivision < 5 Lots: County Clerk Filed Map #: Parcel Extension Date:  ACTION DATE INIT Contacts Applicant re: Engineering Requirements Contacts Applicant re: Soil Tests Transmits Application to District Office Observes soil tests Makes Pre-Construction Site Visit Clears Building Permit with Building Inspector Receives Well Completion Report	
Env Ho	2 For Health Dept. Use ONLY  on. Health File # or Map Code #:     Individual Lot:     Subdivision < 5 Lots:     County Clerk Filed Map #:     Parcel Extension Date:  ACTION     DATE     INIT  Contacts Applicant re: Engineering Requirements     Contacts Applicant re: Soil Tests     Transmits Application to District Office     Observes soil tests  Makes Pre-Construction Site Visit     Clears Building Permit with Building Inspector     Receives Well Completion Report     Receives Fill Section Certification	
Env Ho	2 For Health Dept. Use ONLY  on. Health File # or Map Code #: Individual Lot: Subdivision < 5 Lots: County Clerk Filed Map #: Parcel Extension Date:  ACTION DATE INIT Contacts Applicant re: Engineering Requirements Contacts Applicant re: Soil Tests Transmits Application to District Office Observes soil tests Makes Pre-Construction Site Visit Clears Building Permit with Building Inspector Receives Well Completion Report	

## DUTCHESS COUNTY DEPARTMENT OF EMERGENCY RESPONSE 9-1-1 ADDRESSING OFFICE

	Phone; (845) 486-6532	Fax Number; (845) 486-6529
392 Cı	reek Rd, Poughkeepsie, New York 12601	emergresponse911@co.dutchess.ny.us
Name	of Firm or Person requesting address information	tion
Contac	et person	Date:
Office	Phone #:	Fax #:
то ві	E FILLED IN BY PERSON REQUESTING	NEW ADDRESS:
1.	Type of Request: ( ) Resale ( ) Sub-division	( ) New Construction ( ) Other
2.	Real Property Tax Parcel Grid Number:	
	13	
	Town code (4) Section (4) S	ubsection (2) Block (6)
3.	Parcel old address (if applicable):	
4.	Former owner of parcel or structure:	
5.	New owner of parcel or structure:	
6.	Attach a plot plan showing actual location	of driveway:
TO B	E COMPLETED BY 9-1-1 STAFF MEMBI	ER:
	New assigned 9-1-1 address:	
	Name of Technician:	
	rame of recimician.	Date Assigned:

### **LIST OF ELECTRICAL INSPECTION AGENCIES**

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

### **New York Board of Fire Underwriters**

111 Washington, Ave., Albany, NY 12210

(518) 463-2122 or (800) 356-2556 Fax: (518) 463-8332 http://www.nybfu.org/electricalbureau.htm Local Inspector(s): Pat Decina (845) 855-7224

### Atlantic-Inland, Inc.

997 McLean Road, Cortland, NY 13045

(845) 876-8794 or (800) 758-4340

http://www.atlanticinland.com

Local Inspector(s):

William Jacox (845) 876-8794

12 Ackert Hook Rd., Rhinebeck, NY 12572

### **Commonwealth Electrical Inspection Service, Inc.**

CEIS Inc., 176 Doe Run Road, Manheim, PA 17545

(800) 801-0309 Fax: (315) 736-0461

http://www.codeservices.net/

Local Inspector(s):

Ron Henry (845) 541-1871 (VM 24/7)

Office/Fax (845) 562-8429

2 Mallard Drive, Newburgh 12550

Dave Scism (845) 757-5916 Office

4725 Route 9G, Red Hook, 12571

### Middle Department Inspection Agency, Inc.

143 Troy-Schenectady Rd., Watervliet, NY 12189

(518) 273-0861 or (800) 873-6342 Fax: (518) 273-1202

http://www.mdia.net/

Local Inspector(s):

David J. Williams (800) 479-4504

### **Tri-State Inspection Agency**

P.O. Box 1034, Warwick, NY 10990

(845) 986-6514 or (800) 847-6264 Fax: (845) 986-0535 9 AM to 6 PM

Local Inspector(s):

Lou Ambrosia (845) 986-6514 9 AM to 6 PM

### **New York Electrical Inspections**

P.O. Box 384, Amenia, NY 12501

(845) 373-7308 Fax: (845) 373-7309

### \*\*\*\*IMPORTANT\*\*\*\*

All new electrical work requires inspection(s) by one of the approved electrical inspection agencies listed above. Connection of electrical work without proper inspection is a violation of the Code of the Town of Fishkill and subject to fines.

## ABBREVIATED SUMMARY OF PERMIT FEES – RESIDENTIAL TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

RESIDENTIAL BUILDING PERMITS  Minimum Fee (or minimum fee required to submit an application):  See miscellaneous fees for retroactive work, electrical only work, etc.	\$ 75.00
New Home Construction (per \$1000 of estimated construction cost less land value):	\$ 10.00/\$1K
Additions:  New finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	0.40/sq.ft.
Interior Alterations:  Existing finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.  Garages:	0.30/sq.ft.
Attached: Detached: Storage Buildings (sheds):	0.40/sq.ft. 0.40/sq.ft.
Up to 400 Square Feet  Decks/Porches/Patios:	\$75.00
Open or with roof cover only: Enclosed: Patios (impervious or associated with a pool):	0.30/sq.ft. 0.40/sq.ft. 0.20/sq.ft.
Plumbing installations (alterations not included): Kitchens: Half bath (two fixtures): Full bath (three fixtures): Future rough-in:	20.00 each 20.00 each 20.00 each 10.00 each
Pools: Above ground (deck, platform or patio not included): In ground (deck, platform or patio not included):	75.00 each 75.00 each
Conversions:  Extended one-family use (alterations not included):  Accessory apartment use (alterations not included):  Heating Equipment (Furnaces, Boilers, Woodstoves, Pellet Stoves, Fireplaces, etc.):	125.00 each 125.00 each
New installations (alterations not included): Replacements (alterations not included):	50.00 each 50.00 each
'	\$250.00 or le Permit Fee ever is larger)
Electrical Work Only: Temporary Construction/Office Trailer (requires Planning approval): Sign - New Construction/Installation/Electric - (separate Zoning Permit is also required): Re-inspection Fee (for re-scheduling of inspections, assessed at the discretion of the Building Inspector). Municipal Residential Files Searches (transcript of records only): Additional fee for an on-site verification inspection: Land Development Permit (Chapter 78): (Fee applies only to applications that are not connected to site plan,	25.00 each 125.00/year 150.00 each 50.00 each 100.00 each 100.00 each
subdivision, special use permit or building permit applications.)  Top Soil and Excavation Permit (Chapter 128-5A):  (Fee applies only to applications that are covered under Chapter 128-5A.)  Landscaping or Driveway Bond - administration fee (nonrefundable - notes 4 & 5):	100.00 each \$ 100.00
(Bond amount shall be equal to cost of seeding or paving.)  Building and/or Structural Demolition:  Minimum Fee (includes work covering up to and including 250 square feet):  Add to minimum fee for each square foot, or fraction thereof, exceeding 250 square feet:	\$ 30.00 0.10/sq.ft.